

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

APPLICANT

FILING DATE

0959229 6/22/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						
TOTAL						

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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